

Medical Withdrawal Request From

North Carolina Wesleyan College

Office of Counseling and Disability Services

3400 N. Wesleyan Blvd.

Rocky Mount, NC 27804

O (252) 985-5216/F (252) 985-5580/rmpietryk@ncwc.edu

Student Instructions:

1. Complete the form below
2. Attach a personal statement outlining the rationale for this request
3. Obtain and attach a licensed health care provider's statement, on letterhead, confirming the need for this withdrawal and the dates of the medical condition
4. Submit forms and documentations to Dr. Robin Pietryk in the Disability Services Office (PC 192)
5. The Academic Dean will review the request and make a determination and notify student and applicable offices.

Name

Last Name, First name, Middle name _____ ID _____

College Campus _____ Email _____

Mailing Address _____

Year/Term of Withdrawal _____ Date you sought medical services _____

Last day you attended class or participated in any class activity (discussion, exam, etc.) _____

Course No.	Course Title	Section	Instructor's name

Student's Signature _____ Date _____

Provost _____ Date _____